



METRO FRIENDSHIP FOUNDATION

PROVIDING SCHOLARSHIPS *for* CHILDREN WITH AUTISM

Metro Friendship Foundation (MFF) provides scholarships for individuals with Asperger Syndrome and High Functioning Autism to access appropriate interventions and services. Individuals interested in applying for a scholarship must complete and submit the following scholarship application form. **Attach a copy of your most recent tax return(s) showing total household income (form 1040A or equivalent).**

Scholarships are available through MFF for those who are unable to pay for social skills/recreational services. The application process does not guarantee that a scholarship or services will be provided. Scholarships will be awarded based on the availability of funds, the eligibility of the applicant, and the recommendation of the MFF Scholarship Committee. The awarding of a scholarship by MFF does not preclude the service provider from applying its own admission requirements.

The application form should be completed by the parent/guardian of the applicant. The application is presented to the MFF Scholarship Committee. Confidential information will only be shared with the Scholarship Committee and the MFF Board as needed.

Are you a resident of the 7 county metro area? (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott or Washington County)

Yes_____ please circle the county name above and proceed with the application

No_____ you will not be eligible to receive funds at this time

Would you (parent/guardian) be willing to participate in fundraising activities for Metro Friendship Foundation? (This answer does not affect award determination.)

Yes_____ No_____

I authorize Metro Friendship Foundation to discuss and release information regarding the application, award determination, and/or feedback about the applicant's attendance and cooperation to/from the service provider.

I certify that the information I have provided on this application is complete, accurate, and true to the best of my knowledge.

Applicant's name (please print)

Parent or Guardian signature

Please send the completed application form with attachments to:
Metro Friendship Foundation
14111 Garden View Ct.
Apple Valley, MN 55124

Metro Friendship Foundation Scholarship Application

Amount Requested

Where will services take place?

\$

Name/Address/Phone

How will the funds be used? *(Description of program/service provided)*

Dates of service:

Program name:

Have you received funds from Metro Friendship Foundation before? *If yes, please explain.*

Is the applicant participating in any other therapy? *(Please list below)*

Does the applicant have any other supports in place?

___ School IEP ___ SSI \$_____/mo.

___ School 504 Plan ___ Child Support \$_____/mo. ___ Other:

Have you applied for county assistance? *If yes, what level of assistance are you receiving?*

___ PCA ___ Family Support Grant \$_____/mo. Consumer Support Grant \$_____/mo.

___ CADI Waiver \$_____/mo. ___ TBI Waiver \$_____/mo. ___MR/RC Waiver \$_____/mo.

Applicant Information

Student Name:

DOB:

Age :

Address:

City:

State:

Zip:

Diagnosis:

Primary:

Secondary:

IQ Range:

___ Below 70

___ 80 – 90

___ 110 – 120

___ 140+

___ 70 – 80

___ 90 – 110

___ 120 - 140

Parent/Guardian Information

Parent Name:	Address:
Phone number:	E-mail address:

Briefly describe how the scholarship you wish to receive will benefit your dependent. *(Please write no more than one paragraph.)*

Briefly describe why you need this financial help to attend. *(Please write no more than one paragraph.)*

Applicant's Race:

- ☐ 1) American Indian or Alaska Native
- ☐ 2) Asian
- ☐ 3) Black or African American
- ☐ 4) Native Hawaiian or Other Pacific Islander
- ☐ 5) White

Applicant's Ethnicity:

- ☐ 1) Hispanic or Latino or other Spanish Origin
- ☐ 2) Not Hispanic or Latino or other Spanish Origin

Applicant's Sex:

- ☐ Male
- ☐ Female

Race, ethnicity and gender of applicants are not criteria considered in scholarship decisions, but are collected for monitoring and reporting purposes per the U.S. Office of Management and Budget (OMB) standards to prohibit discrimination against applicants on these bases. If these questions are not answered, MFF and/or providers will make a determination on the basis of visual observation or surname.

Include one recommendation from applicant's school teacher, administrator, physician, or social worker. *(Please attach.)*